PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/572,782			ing Date 08/2006	To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b),	\neg	N/A		N/A	ı	N/A	1 == (4)		N/A	(4)		
	SEARCH FEE (37 CFR 1.16(k), (f),		N/A		N/A	1	N/A			N/A			
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A	l	N/A			N/A			
	CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =			
IND	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			ı	x \$ =			x \$ =			
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If	he difference in colo	r "0" in column 2.		TOTAL		ı	TOTAL						
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	12/18/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.16())	• 18	Minus	·· 47	= 0		X \$26 =	0	OR	x s =			
z	Independent (37 CFR 1,16(h))	• 1	Minus	•••12	= 0	1	X \$110 =	0	OR	x s =			
Ĭ	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
Г							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE			
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1,16(1))		Minus		:	l	x \$ =		OR	x s =			
M	Independent (37 CFR 1,16(h))		Minus	***	:	1	x \$ =		OR	x s =			
	Application Size Fee (37 CFR 1.16(s))												
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR				
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Prevously Paid For IN THIS SPACE is less than 30, enter "20". "If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Prevously Paid For IN THIS SPACE is less than 10, enter "20". If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Prevously Paid For IN THIS SPACE is less than 10, enter "20". If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". If													

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to noceess) an implication. Confidentiality is governed by 85 USE v. 22 and 37 CER 1.4. If this collection is estimated to state 27 animates to complete in exident gradients, preparing, and submitting the completed application form to the USETO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double be sent to the Child information Officer. U.S. Pattern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. D. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. D. Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. D. Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. D. Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. D. Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO THIS ADDRESS.